| Application | OF Dooles | Al. on bas |
|-------------|-----------|------------|
| Application | OFLUCKET  | Number     |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                |   |               |   |                   | SMALL ENTITY TYPE ( |      | OR                 | OTHER THAN R SMALL ENTITY |      |                     |  |
|---|----------------|---|---------------|---|-------------------|---------------------|------|--------------------|---------------------------|------|---------------------|--|
| TOTAL CLAIMS  |                | G   |               | (00:0:::::::::::::::::::::::::::::::::: |                   | ]                   | RATE | FEE                | ٦                         | RATE | FEE                 |  |
| FOR   |                |   | NUMBER FILED  |   | NUME              | BER EXTRA           |      | BASIC FE           | <del></del>               | OR   |                     | <del>                                     </del> |
| TOTAL CHARGEABLE CLAIMS   |                |   | 9 minus 20= * |   | •                 |                     |      | XS 9=              | 1                         | OR   | X\$18=              |  |
| INDEPENDENT CLAIMS  |                |   | ( minus 3 = * |   | •                 |                     |      | X43=               | 1                         | OR   | V96                 | <del> </del>                                     |
| MULTIPLE DEPENDENT CLAIM P  |                |   | RESENT        |   |                   |                     |      |                    |                           | 1    |                     |  |
| • 11  | the difference | e in column 1 is                          | less than ze  | ero, enter                              | "0" in d          | column 2            |      | +145=              | 2013                      | OR   | L                   |  |
| •   |                | LAIMS AS A                                |               |   |                   |                     |      | TOTAL              | 390                       | OR   | TOTAL               | THAN   |
| (Column 1)  |                |   | ····LIVOLL    | (Colum                                  |                   | (Column 3)          |      | SMALL              | ENTITY                    | OR   | SMALL               |  |
| AMENDMENT A   |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMB<br>PREVIO<br>PAID F       | ER<br>USLY        | PRESENT<br>EXTRA    |      | RATE               | ADDI-<br>TIONAL<br>FEE    |      | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| N<br>N  | Total          | •   | Minus         | **                                      |                   | =                   |      | X\$ 9=             |                           | OR   | X\$18=              |  |
| AME!  | Independent    | •   | Minus         | ***                                     |                   | =                   |      | X43=               |                           | OR   | X86=                |  |
|   | FIRST PRESE    | NTATION OF MI                             | JLTIPLE DEF   | PENDENT                                 | CLAIM             |                     |      | +145=              |                           | OR   | +290=               |  |
|   |                |   |               |   |                   | •                   | L    | TOTAL              |                           |      | TOTAL<br>ADDIT. FEE | ·  |
|   |                | (Column 1)                                |               | (Colum                                  | n 2)              | (Column 3)          | A    | DDIT. FEE          | <u> </u>                  | 3    | AUDII. FEEI         |  |
| AMENDMENT B   |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ٠             | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F     | ER<br>JSLY        | PRESENT<br>EXTRA    |      | RATE               | ADDI-<br>TIONAL<br>FEE    |      | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|   | Total          | *   | Minus         | **                                      |                   | =                   |      | X\$ 9=             |                           | OR   | X\$18=              |  |
| AME   | Independent    | <u> </u>                                  | Minus         | ***                                     |                   | =                   |      | X43=               | •                         | OR   | X86=                |  |
|   | FIRST PRESE    | NTATION OF MU                             | ILTIPLE DEP   | ENDENT                                  | CLAIM .           |                     |      | +145=              |                           | OR   | +290=               |  |
|   |                |   |               |   |                   |                     | Δ1   | TOTAL<br>DDIT. FEE |                           | OR   | TOTAL<br>ADDIT, FEE |  |
|   |                | (Column 1)                                |               | (Column                                 | n <sup>.</sup> 2) | (Column 3)          |      |                    |                           |      |                     |  |
| AMENDMENT C   |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO   | ER<br>JSLY        | PRESENT<br>EXTRA    |      | RATE               | ADDI-<br>TIONAL<br>FEE    |      | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|   | Total          | <b>*</b>                                  | Minus         | **                                      |                   | =                   |      | X\$ 9=             |                           | OR   | X\$18=              |  |
|   | Independent    |   | Minus         | ***                                     |                   | =                   | r    | X43=               |                           | OR   | X86=                | ·  |
|   | FIRST PRESE    | NTATION OF MU                             | LTIPLE DEP    | ENDENT C                                | CLAIM             |                     |      | . 1.45             |                           |      | .200-               |  |
| * If the entry in column 1 is less than the entry in column 2, write *0* in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20.*  ** ADDIT FEE  |                |   |               |   |                   |                     |      |                    |                           |      |                     |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                |   |               |   |                   |                     |      |                    |                           |      |                     |  |